

FORM TO BE USED BY FEDERAL PRISONER IN FILING A PETITION FOR WRIT OF HABEAS CORPUS

UNDER 28 U.S.C. § 2241

IN THE UNITED STATES DISTRICT COURT

FOR THE EASTERN DISTRICT OF

Massachusetts

D'WAYNE CARPENTER

Petitioner

D'WAYNE ANTHONY CARPENTER

REG. NO. 05823-016

F.M.C. DEVENS P.O. Box 879

RYER, MA. 01932

(Full name under which you were convicted;
prison number; and full mailing address.)

04-40043

Vs.

CIVIL ACTION NO. _____

DAVID WINN, ET. AL

Respondent

(Name of Warden or other authorized person
having custody of petitioner.)

PLEASE COMPLETE THE FOLLOWING. READ THE ENTIRE PETITION BEFORE FILLING IT OUT.
ANSWER THOSE QUESTIONS WHICH PERTAIN TO YOUR TYPE OF CLAIM.

1. This petition concerns: (Check appropriate blank.)

☐

a conviction

☐

a sentence (CAUTION:

If you are attacking a sentence imposed under a federal judgment, you must first file a direct motion under 28 U.S.C. § 2255 in the federal court which entered the judgment.)

☐

jail or prison conditions

☐

prison discipline

☐

a parole problem

☒

other.

State briefly:

Halfway house placement

2. Place of detention: FMC DEVENS P.O. Box 879
AYER, MA. 01432

3. Have you filed previous petitions for habeas corpus, motions under 28:2255, or any other applications, petitions or motions with respect to this conviction?

☐

Yes

☒

No

If your answer above is "Yes," give the following information:

- a. Name of Court: _____
- b. Nature of Proceeding: _____
- c. Grounds raised: _____

NA

- d. Result: _____
- e. Date of Result: _____
- f. Citation or number of any written opinion or order entered pursuant to each such disposition: _____

4. If you did not file a motion under Section 2255 of Title 28, U.S.C., or if you filed such a motion and it was denied, state why your remedy by way of such motion is inadequate or ineffective to test the legality of your detention:

NA

5. Are you presently represented by counsel? ☐ Yes ☒ No

If so, name, address and phone number of counsel: _____

BP-S434.073 COMMUNITY BASED PROGRAM AGREEMENT CDFRM
DEC 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

I, Dwayne Carpenter, Register Number, 05823-016, hereby authorize employees of the Department of Justice and employees of any facility contracting with the Department of Justice to release any or all of the contents of information in my inmate central file to educational facilities, social agencies, prospective employees, etc., for the purpose of assisting in all phases of community programming and release planning. I also authorize the above persons to advise prospective employers that I am currently in the custody of the U.S. Attorney General serving sentence or under the supervision of the U.S. Parole Commission or U.S. Probation Office. This consent will remain in effect until my release from supervision or until revoked in writing by me. Revocation of this authorization may result in my removal from a community-based correctional program.

I understand that while a resident of a community corrections center or work release program I will be expected to contribute to the cost of my residence through payments to the contractor and I agree to make such payments. I understand that failure to make payments may result in my removal from a community-based program (Not applicable for MINT referrals).

I understand that urinalysis or other Bureau of Prisons authorized testing to detect unauthorized drug or alcohol use may be required as a condition of residence in a community corrections center or work release program, and if required, I agree to submit to such testing. I understand that ingestion of poppy seed products may result in positive test results for unauthorized drug use and is therefore prohibited.

I understand that I am expected to assume financial responsibility for my health care while a resident of a community-based correctional program. Should I be unable or unwilling to bear the cost of necessary medical care I understand that I may be transferred to a suitable institution or facility, at the Government's option, to receive such care. I understand that no medical care may be provided to me at Government expense without prior authorization of the Bureau of Prisons.

I understand that I may be required to cooperate with a substance abuse assessment and participate in any treatment recommended as a result of the assessment.

I understand that I may be required to abide by the conditions of supervision as imposed by the sentencing court or the U.S. Parole Commission, including the payments of fines and restitution and to follow the instructions of the probation officer as if on supervision.

I understand that upon arrival at the community corrections center I may be initially placed in the restrictive Community Corrections Component for a period of orientation. In this component, I will be expected to remain at the CCC unless authorized to leave for employment or other authorized program purposes. Additionally, I understand that social visits and recreational/leisure activities will be confined to the CCC.

I understand that while a resident of a community corrections center or work release program I will be required to abide by the rules and regulations promulgated by such program.

For MINT referrals, I understand that I or the guardian shall assume total financial responsibility for my child's care while I am a resident of a CCC. Should I or the guardian be unable or unwilling to bear my child's financial cost, I will be transferred back to my parent institution immediately. I understand that I understand that no financial support will be provided to my child by the Bureau of Prisons.

PART II

In the event that I am approved for home confinement, I agree to abide by the following conditions related to my legal participation in home confinement.

I understand that my participation in home confinement will be an alternative to placement in a CCC for no more than the last six months or 10% of my sentence, whichever is less. I am aware that I will legally remain in the custody of the Bureau of Prisons and/or the U.S. Attorney General and that failure to remain at the required locations may result in disciplinary action and/or prosecution for escape.

I agree to report to my assigned probation officer or the contractor's facility immediately upon reaching my release destination.

I understand that if I decline to participate in the recommended home confinement program I may face administrative reassignment out of the community corrections program.

I agree that during the home confinement period, I will remain at my place of residence, except for employment, unless I am given permission to do otherwise. I also understand that I will be required to pay the costs of the program based on my ability to pay.

I also agree to maintain a telephone at my place of residence without "call forwarding," a modem, "Caller ID" or portable cordless telephones for this period. I also agree that if my confinement is to be electronically monitored, I will wear any electronic monitoring device required, follow procedures specified and not have "call forwarding" on my telephone.

Inmate's Printed Name and Signature

Dwayne Carpenter

Date

11-5-03

Witness' Printed Name and Signature

Daniel F. Sullivan, Case Manager

Date

11-5-03

Record copy - CCM; Copy - CCM; Copy - Central File

(This form may be replicated via WP)

Hope Village

2840 Langston Place, S.E.
Washington, D.C. 20020
(202) 678-1077/678-1551
Fax (202) 678-0161

2FJ

December 2, 2003

Dear Dewayne Carpenter, #05823-016:

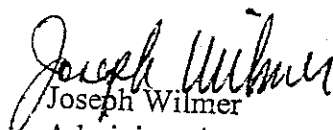
I am writing to inform you that we have approved your referral for acceptance to Hope Village Community Correctional Center.

The acceptance date of April 20, 2004, with a tentative placement date pending final approval from the appropriate authorities.

Enclosed is a copy of our rules and regulations. After you have reviewed, please sign and return the enclosed signature form through your Case Manager.

We hope your stay at Hope Village will be a successful one.

Sincerely,


Joseph Wilmer
Administrative Director

Enclosure(s)

08/02/2014 22:20 FAX 2024421170

002



Court Services and Offender Supervision Agency
for the District of Columbia

Community Supervision Services
Investigations, Diagnostics and Evaluations Branch

February 3, 2004

Daniel Sullivan, Case Manager
Federal Medical Center - Devens
P.O Box 880
Ayer, Massachusetts 01432

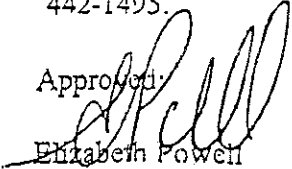
Re: Dwayne Carpenter
DCDC#: 196-175
Reg. No: 05823-016
PDID: 324-722
Release Method/ Release Date: October 16, 2004 via Parole

Dear Mr. Sullivan,

On 1-30-04 a home visit was conducted at the address of record listed as 2371 Ainger Place, S.E., Washington, D.C. This officer met with Mr. Donald Lynch, who is the inmate's son. He resides with his mother, Mrs. Roberta Carpenter, his sister, Brandy Carpenter, and his brother, Robert Carpenter in a 3 bedroom housing unit. According to Mrs. Carpenter, she gives permission for her husband to reside with her upon his release from the institution. The residence is adequately furnished and is an acceptable release plan for this inmate. The inmate is scheduled for release effective 10-16-04 via Parole. The full term expiration date is effective 10-17-2017. The inmate has been approved for Designation to the Hope Village Community Corrections Center effective 4-20-04. The inmate shall be subject to the Special Drug Aftercare Condition cited in his Notice of Action dated 5-9-03, which requires him to participate in a program, inpatient or outpatient, approved by the D.C. CSOSA officer. There are no outstanding warrants or detainers listed for this inmate.

Please see the attached reporting instructions. We respectfully request that you have this inmate sign these instructions and that you fax them back to us as soon as possible. At the following telephone number, (202) 442-1591. The inmate should report within 24 hour of his release to 300 Indiana Avenue N.W., Room 2149, which is the Data Management Team, for assignment to a CSOSA officer. It is this officer's recommendation that the release plan is acceptable and the inmate should be released to this address. If there are further questions, please feel free to contact me at (202) 442-1495.

Approved:


Elizabeth Powell

Supervisory Community Supervision Officer
TIPS Unit

Respectfully submitted,


Joanne D. McMillian

Community Supervision Officer

USPC

3/16/2004 9:03 PAGE 1/1 Fax Server

U.S. Department of Justice
United States Parole Commission
5550 Friendship Boulevard
Chevy Chase, Maryland 20815-7201

Notice of Action

Name: CARPENTER, Dwayne A.

Institution: Devens FMC

Register Number: 05823-016

DCDC No.: 196-175

In the case of the above named the following parole action was ordered:

No change in presumptive parole date of October 16, 2004 and parole effective October 16, 2004.

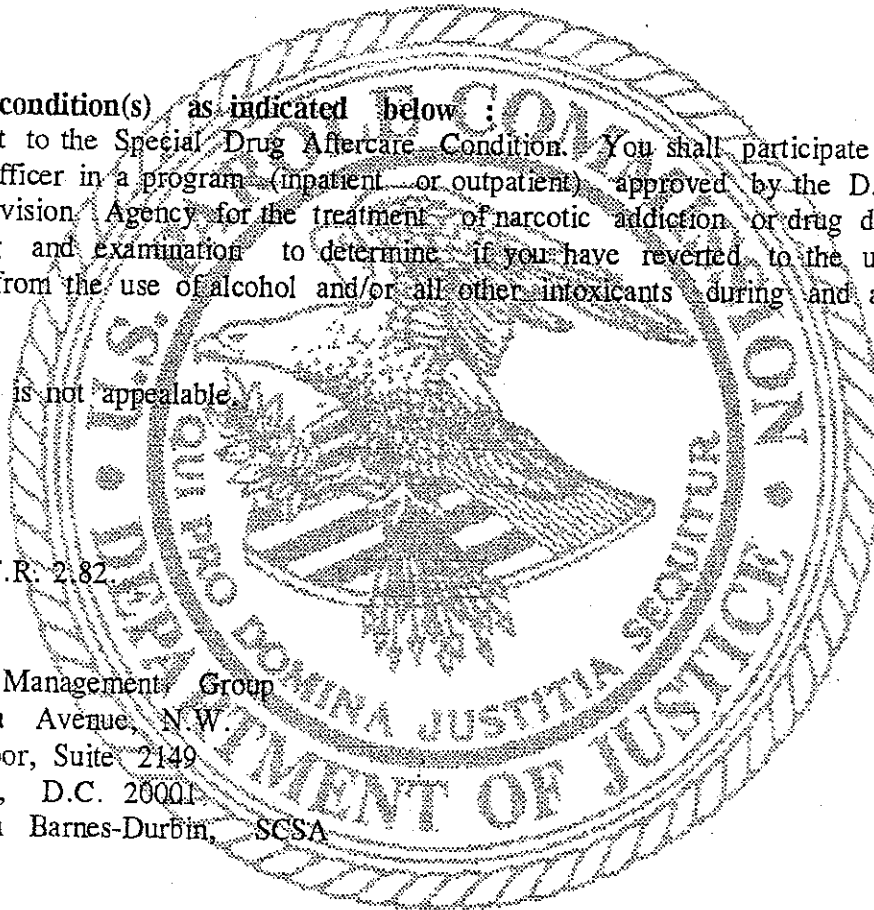
With the special condition(s) as indicated below :
You shall be subject to the Special Drug Aftercare Condition. You shall participate as instructed by your supervision officer in a program (inpatient or outpatient) approved by the D.C. Court Services and Offender Supervision Agency for the treatment of narcotic addiction or drug dependency, which may include testing and examination to determine if you have reverted to the use of drugs. You shall also abstain from the use of alcohol and/or all other intoxicants during and after the course of treatment.

The above decision is not appealable.

REASONS:

Pursuant to 28 C.F.R. 2.82.

cc: CSS Data Management Group
300 Indiana Avenue, N.W.
Second Floor, Suite 2149
Washington, D.C. 20001
Att: Sharon Barnes-Durbin, SCSA



BP-S148.055 INMATE: QUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Mrs. FERNANDEZ Unit MANGER</i>	DATE: <i>3/17/04</i>
FROM: <i>DWAYNE CARPENTER</i>	REGISTER NO.: <i>05823-016</i>
WORK ASSIGNMENT: <i>Food SERVICE</i>	UNIT: <i>5B</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

~~Would~~ Would you please give me a copy of how my half way house date change from 4-20-04 to 6-20-04

Thank you

(Do not write below this line)

DISPOSITION:

On 3/17/04 we were notified by the Community Corrections Office in Baltimore that your date was changed to 6-16-04 due to your medical problems. You are now receiving a 4 month placement instead of 6 months.

Signature Staff Member

Date

D. Fernandez

3/17/04

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

